

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Non-Judicial Election

Name of Committee Personhood Mississippi
Address 3095 Big Hill Rd. Pontotoc, MS 38863
Telephone 662-720-8695 Fax _____
Treasurer Elizabeth Baggett Email personhood.mississippi@gmail.com
☐ Check here if above is different from previous report

**TYPE OF REPORT**

____ May 25, 2010 Pre-Election Report (January 1, 2010, through May 22, 2010).....Mandatory
____ June 15, 2010 Pre-Runoff Report (May 23, 2010, through June 12, 2010).....Runoff Candidates
____ October 26, 2010 Pre-General Report (May 23, 2010, through October 23, 2010).....All Candidates
____ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
____ January 31, 2011 Annual Report (January 1, 2010, through December 31, 2010).....All Candidates and Political Committees
____ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 6:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 1,000 + \$ 0	\$ 1,000	\$ 12,911.73
Total amount of disbursements	\$ 0 + \$ 170.24	\$ 170.24	\$ 13,881.09
Total amount of cash on hand		\$ 10,741.67	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Elizabeth Baggett
Signature of Director or Treasurer

8/7/10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1498 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee Personhood MississippiReporting period July 1, 2010 through July 31, 2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Personhood USA</u>		<u>7/9/10</u>	\$ <u>1,000</u>
Mailing Address <u>8795 Ralston Rd. STE 220</u>		<u> / / </u>	\$
City, State, Zip Code <u>Arvada, CO 80002-2353</u>		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1,000</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$

SS04-05